

SES PROVIDER APPLICATION

Part B

PROVIDER SERVICE SUMMARY

(This Information will be available on-line to parents, schools, and the general public)

PROVIDER INFORMATION

NAME OF PROVIDER: Cold Water Elementary School

MAILING ADDRESS: 1105 Wiethaupt Road

CITY: Florissant

STATE: MO

ZIP CODE: 63031

PHONE NUMBER: 314-953-4150

FAX NUMBER: 314-953-4163

E-MAIL ADDRESS: kwayne@hazelwoodschoools.org

PRIMARY CONTACT INFORMATION

NAME: Zella Williams

PHONE NUMBER: 314-953-5032

E-MAIL ADDRESS: zwillms@hazelwoodschoools.org

SERVICES**Provider status – check all that apply:**

- ☐ For-profit organization
☒ Non-profit organization
☐ Faith-based organization

- ☒ School district
☒ School building
☐ Individual
☐ Other:

Areas to be served by provider:

- ☐ All school districts in Missouri
☒ Specific districts or counties. Please list: *St. Louis County*
Hazelwood School District

Number of sessions per week: 3**Minimum/maximum numbers:**

Minimum number of students required before offering services: 1

Maximum number of students to be served at a session: ~~200~~ 72**Cost per session:****Proposed location of service delivery:**

- ☒ Student's school site (if negotiated with district)
☐ Provider site
☐ Other – explain

If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee?

(Note: Districts are not required to provide or pay for transportation). Service delivery is at the student's school for students in the Hazelwood School District. Transportation home is provided only for students in the Hazelwood School District.

Certification of instructors:

- ☒ Baccalaureate degree in education
☐ Baccalaureate degree in related field of instruction. Please list related field(s): _____
☒ Reading Specialist
☐ Other: _____

Additional education and/or experience:

- ☒ Masters level degrees or above in either reading or mathematics
☒ Missouri teacher certificated/licensed teachers
☒ Experience teaching students with specific disabilities
☐ Experience teaching LEP students
☐ Ability to speak languages other than English. Please list: _____
☒ Other: Masters in School and Professional Counseling.

Tutoring subjects available:

☒ Reading ☒ Writing ☒ Math

Grade Levels Served:

☒ K-2 ☒ 3-5 ☒ 6 ☐ 6-8 ☐ 9-12

Title or description of tutoring curriculum utilized: Balanced Literacy, ALEXS, Knowing Mathematics
Marilyn Burns Classroom
Math Library

Time of Services:

☐ Before School
☒ After School
☐ Weekends
☒ Summer
☐ Other: _____

Mode of Instructional Delivery:

☒ Individual one-on-one tutoring
☒ Small group instruction (2 to 5 students)
☒ Large group instruction (6 to 10 students)
☒ On-Line/Web-based
☐ Other: _____

Specifics of reporting to parents & school (check all that apply):

Method:

☒ letters
☒ phone calls
☒ conference with parents
☐ conference with parents & school
☐ other: _____

Frequency:

☐ weekly
☐ bi-monthly
☒ monthly
☐ other: _____

Specific Student Population Served:

If your organization has provided supplemental services to any of the following groups, please check the corresponding box.

☒ Low-income students
☒ Minority students
☐ Migrant students
☐ Limited English proficient students (LEP)
☒ Special education students
☐ Other – describe: _____
☐ Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.
Indicate subgroups: _____

Effectiveness:

Give a brief description of evidence you have that demonstrates effectiveness of your program/services. (This will be shared with parents).

Data from our first year as a Supplemental Education Services Provider show a positive effect on student attendance, discipline, and achievement. There was an improvement in attendance and growth in achievement as measured by scores on DRA reading levels and Tungsten Learning Assessments in mathematics. There was also a decrease in the number of office referrals. These improvements were larger for the SES tutoring group than for a control group who did not attend tutoring.